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<b>SERIAL NUMBER</b> 09/469,485	<b>FILING OR 371(c) DATE</b> 12/22/1999 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 20369Y	
<b>APPLICANTS</b> QINJIAN ZHAO, AMBLER, PA; ROBERT SITRIN, LAFAYETTE HILLS, PA; DICKY G. ABRAHAM, NORTH WALES, PA; DAVID P. GERVAIS, HARLEYSVILLE, PA; JUAN GIMENEZ, LANSDALE, PA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/03/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 000210					
<b>TITLE</b> RECOMBINANT HEPATITIS B SURFACE ANTIGEN					
<b>FILING FEE RECEIVED</b> 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		